

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Kealoha	Joanne	Hatsuko	949-4161	
MAILING ADDRESS (Street)			FAX	
451 Atkinson Driv	7e		955–1915	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	968	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU	TELEPHONE				
International Long	949–4161				
MAILING ADDRESS (Street)	FAX				
451 Atkinson Drive	955–1915				
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96814			
NAME OF PERSON RESPONSIBLE F	TELEPHONE				
Guy K. Fujimura	949-4161				
MAILING ADDRESS (Street)	FAX				
451 Atkinson Drive	955–1915				
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96814			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Education	Human Services	Science, Technology & Economic Development			
Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation			
Hawaiian Affairs	Labor & Employment	Transportation			
Health	Planning, Land & Water Use Management	Other: (indicate below) possibly all			
Housing	Public Safety & Corrections	of the above			
	Education Government Operations & Finance Hawaiian Affairs Health	Education Human Services Government Operations & Intergovernmental Relations, International Affairs Hawaiian Affairs Labor & Employment Health Planning, Land & Water Use Management			

PART IV		N OF LOBBYIST			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
		John H. Kealoun	,	1/31/07	
(\$ignature of Lobbyist)			(Date)		
		V			
PART V	AUTHORIZATIO	N TO LOBBY			
NAME		Ti	TLE OF AUTHORIZING OFFI	CER OR PERSON REPRESENTED	
Fred	Galdones		President		
NAME OF O	RGANIZATION (if ap	plicable)		TELEPHONE	
	J Local 142			949-4161	
MAILING ADDRESS (Street)			FAX		
451 Atkinson Drive			955–1915		
(City)		(State)	(Zip ((Zip Code)	
	olulu	Hawaii	968	96814	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	22 .				
(I) Adom				1/31/07	
	(Signature of Au	uthorizing Officer or Person Represented)		(Date)	